WEST Search History

DATE: Monday, March 31, 2003

Set Name side by side	Query	Hit Count	Set Name result set
	DB=USPT,JPAB,EPAB,DWPI; PLUR=YES; OP=ADJ		
L5	hematolog$4 and l4	2	L5
L4	l1 and l2	15	L4
L3	l1 same L2	10	L3
L2	(analyzer$1) adj5 immunoassay$1	93	L2
L1	(analyzer$1) adj5 chemistry	214	L1

END OF SEARCH HISTORY

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(FILE 'HOME' ENTERED AT 14:37:16 ON 31 MAR 2003)

     FILE 'MEDLINE, EMBASE, SCISEARCH, BIOSIS, USPATFULL' ENTERED AT 14:37:56
     ON 31 MAR 2003
L1          20 S REFLEX? ALGORITHM?
L2           0 S L1 AND CHEMIIST?
L3           4 S L1 AND CHEMIST?
L4           3 S L1 AND HEMATOLOG?
L5           2 S L1 AND IMMUNOASSAY?
L6          13 DUP REM L1 (7 DUPLICATES REMOVED)
L7           4 DUP REM L3 (0 DUPLICATES REMOVED)
L8           3 DUP REM L4 (0 DUPLICATES REMOVED)
L9           2 DUP REM L5 (0 DUPLICATES REMOVED)
L10       1709 S ANALYZER? (4A) CHEMISTR?
L11        867 S ANALYZER? (4A) IMMUNOASSAY?
L12       1493 S ANALYZER? (4A) HEMATOLOG?
L13         21 S L10 (6P) L11 (6P) L12

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TITLE: Reflex testing I: Algorithm for lipid and lipoprotein
                       measurement in coronary heart disease risk assessment.
AUTHOR(S):   Wu, Alan H. B. (1); Contois, John H.; Cole, Thomas G.
CORPORATE SOURCE: (1) Clinical Chemistry Laboratory, Hartford Hospital,
                       Hartford, CT, 06102 USA
DOCUMENT TYPE: Article
LANGUAGE: English
SUMMARY LANGUAGE: English

AB   We reviewed the current literature in order to construct a reflex testing
      algorithm that maximizes clinical utility and cost-effectiveness of lipid
      and lipoprotein testing. The algorithm was based on the 2nd Report of the
      National Cholesterol Education Program Adult Treatment Panel guidelines
      for use of total cholesterol (TC), triglycerides (TG), HDL-C, and LDL-C,
      and published reports describing the clinical use of apolipoprotein B and
      lipoprotein (a). The success of this algorithm was tested in a low-risk
      general and a high-risk hyperlipidemic patient population. Lipid data and
      non-lipid risk factors were obtained from a national database and from
      patients seen at two lipid clinics. A total of 16 968 individuals from the
      National Health and Nutrition Examination Survey III database comprised
      the low-risk group, and 239 patients examined in the Hartford Hospital and
      Washington University Lipid Clinics comprised the high-risk group. We
      found a solid scientific base to support the NCEP guidelines and
      reasonable support for limited testing of apoB and Lp(a). According to the
      algorithm, the direct LDL-C assay was deemed unnecessary in 98% and 91% of
      low- and high-risk subjects, respectively, if one assumes that the
      Friedewald equation is adequate with TG ltoreq 4.00 g/l. With a more
      conservative cutoff of TG ltoreq 2.50 g/l, the algorithm canceled 92% and
      81% of direct LDL tests, respectively. The algorithm also limited TG to 20
      and 64%, apoB to 6 and 20%, and Lp(a) to 15 and 56%, of low- and high-risk
      groups, respectively. Use of a comprehensive, **reflex
      algorithm** for coronary heart disease risk assessment will
      substantially reduce the utilization of laboratory services without
      diminishing the clinical value of these tests. The algorithm will prevent
      the overuse of certain expensive tests (direct LDL) while promoting the
      limited use of underutilized tests (apoB and Lp(a)).
AB.   .   . to 6 and 20%, and Lp(a) to 15 and 56%, of low- and high-risk groups,
      respectively. Use of a comprehensive, **reflex algorithm**
      for coronary heart disease risk assessment will substantially reduce the
      utilization of laboratory services without diminishing the clinical value
      of.   .   .
IT   Major Concepts
          Clinical **Chemistry** (Allied Medical Sciences); Public Health
          (Allied Medical Sciences)
IT   Diseases
          coronary heart disease: heart disease; hyperlipidemia: metabolic
          disease
IT   Chemicals.   .   .

ACCESSION NUMBER: 2000002331   MEDLINE
DOCUMENT NUMBER: 20002331   PubMed ID: 10529462
TITLE: Reflex testing II: evaluation of an algorithm for use of
                     cardiac markers in the assessment of emergency department
                     patients with chest pain.
AUTHOR: Wu A H; Ghani F; Prigent F; Petry C; Armstrong G; Graff L
CORPORATE SOURCE: Clinical Chemistry Laboratory, Hartford Hospital, Hartford
                     CT 06102, USA.. awu@harthosp.org
SOURCE: CLINICA CHIMICA ACTA, (1999 Oct) 288 (1-2) 97-109.
                     Journal code: 1302422. ISSN: 0009-8981.
PUB. COUNTRY: Netherlands
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199912
ENTRY DATE: Entered STN: 20000113
                     Last Updated on STN: 20000113
                     Entered Medline: 19991207

AB   A **reflex algorithm** was developed and evaluated for the
      use of serum cardiac markers for the diagnosis and rule out of acute
      myocardial infarction (AMI), and risk stratification of unstable angina
      patients for those who present to emergency departments (ED) with chest
      pain. The process begins with testing of total CK and myoglobin at
      admission. Based on these results, the algorithm determines the need for
      subsequent testing for the CK-MB isoenzyme and cardiac troponin I (cTnI).
      The algorithm also directs the need for further blood collection and
      cardiac marker testing at 4, 8, and 12 h after presentation. A total of
      eleven stopping points were identified. For some of these stopping points,
      the algorithm concluded that further blood collections and testing was
      unnecessary and redundant. The algorithm was retrospectively evaluated on
      101 non-consecutive chest pain patients who presented to the EDs at three
      hospitals. For the AMI group (n=34), six of nine possible different
      stopping points were reached: 64.7% of cases were diagnosed with the first
      sample at admission, an additional 32.3% after 4 h, and 2.9% at 8 h. The
      12-h sample was not necessary for any of the AMI patients. For the non-AMI
      group (n=67), most reached the stopping point of no cardiac injury or
      risk. There were five unstable angina patients who had minor myocardial
      damage on the basis of a marginally increased cTnI. Of these, one patient
      subsequently suffered AMI, and three others required angioplasty or bypass
      surgery. Compared to performing four tests on all patient samples, the
      reflex algorithm would have reduced the number of
      necessary tests from 442 to 130 (71% reduction) for AMI patients, and 871
      to 469 (46% reduction) for non-AMI patients, if prospectively implemented.

TITLE: The role of **reflexive (algorithmic)**
                       testing in laboratory medicine: adapting to the new era.
AUTHOR: Pearlman E S; Miele R; Swiss S; Bilello L; Stauffer J
CORPORATE SOURCE: Centralized Laboratory Services, Inc. (CLS), NY, USA.

AB   Centralized Laboratory Services, Inc. (CLS) is a large, freestanding
     laboratory that is an affiliate of the Health Insurance Plan of New York,
     a managed care organization with more than 1 million members in New York
     and New Jersey. The laboratory work for this membership is consolidated at
     CLS, which thus serves an ambulatory patient population. The Medical
     Director at CLS is charged with optimizing laboratory utilization by
     clinicians who are part of the system.
TI   The role of **reflexive (algorithmic)** testing in
     laboratory medicine: adapting to the new era.

ACCESSION NUMBER: . 94:588731   SCISEARCH
THE GENUINE ARTICLE: NE169
TITLE: **REFLEXIVE ALGORITHMIC** APPROACH TO
                   CLINICAL DECISION-MAKING - BREAST-CANCER AS A MODEL
AUTHOR: AZIZ D C (Reprint); BARATHUR R R
CORPORATE SOURCE: SPECIALTY LABS INC, SANTA MONICA, CA, 90404
COUNTRY OF AUTHOR: USA
SOURCE: JOURNAL OF CELLULAR BIOCHEMISTRY, (1993) Supp. 17G, pp.
                   247.
                   ISSN: 0730-2312.
DOCUMENT TYPE: Conference; Journal
FILE SEGMENT: LIFE
LANGUAGE: ENGLISH
REFERENCE COUNT: No References
TI   **REFLEXIVE ALGORITHMIC** APPROACH TO CLINICAL
     DECISION-MAKING - BREAST-CANCER AS A MODEL

ACCESSION NUMBER: 1998:75122   USPATFULL
TITLE: Analytical instrument having a control area network and
                         distributed logic nodes
INVENTOR(S):   Cantatore, Luigi, White Plains, NY, United States
                         Busch, Jeff, Katonah, NY, United States
                         Epstein, Maurice J., Ardsley, NY, United States
                         Hetherington, Edward J., Brewster, NY, United States
PATENT ASSIGNEE(S):   Bayer Corporation, Tarrytown, United States (U.S.
                         corporation)

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 5772963		19980630
APPLICATION INFO.:	US 1996-688476		19960730 (8)

DOCUMENT TYPE: Utility
FILE SEGMENT: Granted
PRIMARY EXAMINER: Green, Lora M.
ASSISTANT EXAMINER: Musto, Neal A.
LEGAL REPRESENTATIVE: Orrick Herrington & Sutcliffe LLP
NUMBER OF CLAIMS: 24
EXEMPLARY CLAIM: 1
NUMBER OF DRAWINGS: 93 Drawing Figure(s); 83 Drawing Page(s)
LINE COUNT: 4566

AB   An analytic instrument utilizing a Control Arena Network (CANBUS) and
        nodal architecture in the instrument with functions and logic
        distributed throughout the Nodes. A system controller is connected on
        the one hand to an operator input device for controlling the instrument,
        and on the other hand to a plurality of nodes via a CAN scrambler. Each
        nodes has a CAN microcontroller and related circuitry for performing
        autonomously a variety of functions of the instrument. The system
        controller and nodes communicate using CAN interface devices over the
        CANBUS, passing instructions, commands and data therebetween.

SUMM   . . .   series of tests using different reagents and aliquots of a
        particular sample. Such instruments include, for example, and without
        limitation, **immunoassay analyzers**, clinical
        hematology analyzers, flow cytometers, and
        chemistry analyzers.

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DATE: 03/31/2003

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JOURNAL OF CLINICAL ENDOCRINOLOGY AND METABOLISM By KLEE (1987).
v. 64 (4) pp. 641-671.

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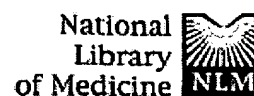Please contact me at 703-308-4475 if you have any questions regarding
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                              Linda Raffensperger
                              (Linda.Raffensperger@uspto.gov

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☐ **1:** Gray RH, Campbell OM, Zacur HA, Labbok MH, MacRae SL.   Related Articles, Links

Postpartum return of ovarian activity in nonbreastfeeding women
monitored by urinary assays.
J Clin Endocrinol Metab. 1987 Apr;64(4):645-50.
PMID: 3818896 [PubMed - indexed for MEDLINE]

☐ **2:** Jimenez J, Zuniga-Guajardo S, Zinman B, Angel A.   Related Articles, Links

Effects of weight loss in massive obesity on insulin and C-peptide
dynamics: sequential changes in insulin production, clearance, and
sensitivity.
J Clin Endocrinol Metab. 1987 Apr;64(4):661-8.
PMID: 3546350 [PubMed - indexed for MEDLINE]

Related Resources

☐ **3:** Liu L, Merriam GR, Sherins RJ.   Related Articles, Links

Chronic sex steroid exposure increases mean plasma growth hormone
concentration and pulse amplitude in men with isolated hypogonadotropic
hypogonadism.
J Clin Endocrinol Metab. 1987 Apr;64(4):651-6.
PMID: 3546349 [PubMed - indexed for MEDLINE]

☐ **4:** Simon C, Brandenberger G, Follenius M.   Related Articles, Links

Ultradian oscillations of plasma glucose, insulin, and C-peptide in man
during continuous enteral nutrition.
J Clin Endocrinol Metab. 1987 Apr;64(4):669-74.
PMID: 3102544 [PubMed - indexed for MEDLINE]

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